

Hurricane Mitch Project
Coordination Committee Meeting
CDC, Atlanta, GA
November 30 – December 1, 2000

I. MAJOR RESULTS

The coordination Committee Meeting opened with a general discussion on the challenges facing the project. The discussion was followed by agreement on general principles and the meeting concluded with the listing of the major topics and resolutions.

Challenges

1. To consolidate the partnerships between participating agencies.
2. To adopt practices that assures appropriate interagency local and national level coordination.
3. To establish principles to guide joint implementation and collaboration at the operational level.
4. To clarify decision-making responsibilities.

Several principles were adopted:

- The major goal of this project is to make a positive contribution towards the improvement of the health of people in the sub-region. The major strategy for this is to build professional capacity within the ministries of health through field epidemiology training programs, at the national and regional level, strengthening of epidemiological surveillance, laboratory training, and its linkage and coordination with surveillance systems and the community.
- The participating agencies will work collaboratively to develop integrated health information systems.
- Participating agencies need to deliver the same message to the countries in the sub-region. Contradicting or opposing messages undermine the integrity of the project and the relationship between the partner agencies and the project countries.
- Working with and listening to the countries are the cornerstones of the project. The active participation of national counterparts must be encouraged.
- Long-term as well as short-term benefits need to be considered.
- Site visits by headquarters staff are important to all partners. Visits must be planned, country staff made aware and implemented as planned.

II. AGREEMENTS REACHED

The discussants' suggested changes and expansions of the original list of topics for discussion are shown below.

A. Communication:

Contact person. A contact list needs to be developed and distributed to all involved. Each of the collaborating agencies is responsible for up-dating the contact list.

1. USAID:

- a. Washington: Roger Dixon
- b. Participating countries: Country staff [LIST THEM HERE: Country, person (the PHN lead and the designated contact person), phone number, email address, mailing address]

2. CDC:

- a. DIH general project coordination: Guillermo Herrera
- b. CDC – PAHO – APHL liaison: Wayne Brown
- c. CDC in-country: CDC consultant (see attached list of field assignees).

3. PAHO:

- a. General project coordination: Steve Corber
- b. PAHO regional: Roxane Salvatierra Gonzalez (202-974-3883)
- c. PAHO laboratory: Jean Marc Gabastou
- d. PAHO countries: individual PWR [LIST THEM HERE: Country, person (the PWR and the designated contact person if different), phone number, email address, mailing address]

4. APHL:

- a. Kajari Shah. NOTE: Contact with the APHL should be made to and through the Washington Office. Country contacts should not be contacted directly.

Reports (and other information):

- 1. Quarterly report to CDC Atlanta by PAHO and APHL (NCEH):
September – January- May- September - 15 day of the month
- 2. Quarterly report to USAID Washington: 20th of corresponding month
- 3. Format as per guidelines of USAID and CDC. Refer to example available at time of discussion.
- 4. Newsletter for Hurricane Reconstruction project: Nadine Sunderland.
Material due by the middle of each month.
- 5. The conclusions from this meeting of the Coordination Committee are to be shared with the field assignees.

B. Coordination:

- 1. USAID Washington: overall project oversight
- 2. Overall project coordination: CDC Atlanta

3. Regional coordination: CDC-PAHO-APHL. During meetings information can also be shared regarding related activities of the collaborating agencies.
5. In-country coordination will be by means of an in-country coordinating committee. The Minister of Health will be asked to chair this committee. It will include representatives of the collaborating organizations: CDC-PAHO-USAID-APHL-MOH.
6. Parties to use the mechanism of the coordination committees explained below.

Role of CDC country assignee:

1. Reports to CDC Atlanta
2. Is a member of the in-country coordinating committee; represents CDC to the committee; and is its executive secretary.
3. Develops and supports the implementation of the country work plan (Irs 1, 2, 3, 4) in coordination with MOH-PAHO-APHL-USAID.

Role of PWR in relation to the project:

1. PAHO point person in the field
2. Represents PAHO before the Coordination Committee
3. Delegates PAHO staff to technical committees and for day to day work with CDC country representative.
4. Elaborates quarterly reports to PAHO.
4. In three countries (Costa Rica, Honduras and Haiti) the PWR is the “allottee” (of the CDC-PAHO cooperative agreement).

C. Decision-Making:

1. Project overall coordination and final decision making: CDC Atlanta
2. Country work plans approved by CDC in country are submitted to USAID country and then to CDC Atlanta. USAID Washington approves all country work plans.
3. Country work plan budget managed by CDC: Guatemala, El Salvador, Nicaragua, and Dominican Republic
4. Country work plan budget managed by the PAHO country Office in Honduras, Costa Rica and Haiti. In Honduras the In-Country Coordinating Committee will review the work plan and resubmit it for approval.
5. PAHO Cooperative Agreement (regional work plan) approved by CDC PGO (Need a Regional work plan from PAHO submitted to CDC via the PGO office for approval by December 5). Any modifications to the activities and outputs in the PAHO/CDC Cooperative Agreement are to be submitted for approval to CDC PGO.

Role of the Project Coordination Committee:

1. Includes representatives of the CDC - PAHO - APHL – USAID; it meets at least every 6 months; and is chaired by CDC.
2. Sets project policy in accordance with the IAA.
3. Receives reports on in-country coordination committee from CDC.
4. Monitors overall project implementation progress in accordance to the Interagency Agreement, pertinent contracts and cooperative agreements, and country and regional work plans.
5. Promotes interagency collaboration and communications.

Role of the In-country Coordination Committee:

1. Includes senior representatives of the CDC - PAHO - MOH – USAID; meets every month; and is chaired by the Minister of Health. The CDC representative serves as the Executive Secretary.
2. The Headquarters office of the APHL is be informed in advance of each meeting and invited to attend. A copy of the minutes of each meeting will be provided to the APHL.
3. Monitors project implementation progress in accordance with the approved country work plan.
4. Approves work plan modifications put forward by technical committees; and submits modifications to USAID and CDC Atlanta for approval.
5. Promotes interagency collaboration and communications.
6. Establishes in-country technical committees, or other working groups, as it deems appropriate to achieve project goals and objectives.

D. Country Specific Issues

1. Honduras:

- a. Need revised work plan for Honduras (IR1) CDC-USAID format .
- b. Items in new work plan and budget - comparison of old and new work plan (see worksheet).
- c. Add the water shortage to lab and MOH as a question. The contract re this and the local hands-on needs to be coordinated with CDC, APHL, USAID.

2. Haiti

- a. Haiti political situation prohibits CDC from entering country - need to decide extent of project and its pace. Reprogramming of all or part of funds should be discussed. Changes to the funding needs to be decided after the joint visit to Haiti by USAID Washington and CDC Atlanta
- b. Need revised work plan for Haiti (IR1) CDC-USAID format no later than December 20.

3. Costa Rica

- a. Need to recupe FETP funds spent on IR1. CDC has paid in to ICASS there: need to redefine the need for these two administrative mechanisms (ICASS and PAHO).
Clarity is needed by agreed upon date.
 - b. Clarify work plan in Costa Rica
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The Coordination Committee meeting closed with an agreement that the next meeting should take place in March 2001, around the 19th and 20th. Roger Dixon hopes to have it coincide with another (AID) meeting scheduled for that time. The purpose would be for the Coordination Committee to provide a project up-date to AID staff from the participating countries. Topics to address would include sustainability issues, problems solved, and actual and potential regional activities.

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Post-Hurricane Reconstruction Project
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